Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER The Governor Gray Davis Committee			Date of This Filing0	9/27/2002	Date Stamp	FORM 497		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable 962636	a)	Report No.	001		For Official Use Only		
STREET ADDRESS			Amendment to Report No.		Page 1 of 4			
CITY Los Angeles	STATE CA	ZIP CODE 90035	(explain below) No. of Pages	4				
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/26/2002	State Building & Construction Trades Council of CA Sacramento, CA 95814 ID# 743501	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$3,023.29
09/26/2002	Didar Bains Yuba City, CA 95993	IND COM OTH PTY SCC	Farmer Didar Bains	\$5,000.00
09/26/2002	Int'l Assn of Firefighters Local 1230 Sacramento, CA 95814	☐ IND ■ COM □ OTH □ PTY □ SCC		\$5,000.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable 962636	e)	Report No.	001		For Official Use Only		
STREET ADDRESS			Amendment to Report No.		Page 2 of 4			
CITY Los Angeles	Angeles STATE ZIP CODE CA 90035		(explain below) No. of Pages4	4				

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/26/2002	Klein Row Crop Farming Fresno, CA 93725	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,000.00
09/26/2002	John Koza Los Altos Hills, CA 94022	IND COM OTH PTY SCC	Professor Stanford University	\$10,000.00
09/26/2002	Lahori Ram San Bruno, CA 94066	IND COM OTH PTY SCC	Retired N/A	\$5,000.00

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Reason for Amendment:

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LATE CONTRIBUTION REPORT

s Committee			Date of		Date Stamp	CALIFORN	
	NAME OF FILER The Governor Gray Davis Committee					CALIFORN FORM	^{IA} 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 962636			Report No			For Official Use Only	
					Page 3 of 4		
STATE ZIP CODE (explain b			(explain below) No. of Pages	4			
ion(s) Received							
FULL NAME			RIBUTOR	CONTRIBUTOR CODE *			AMOUNT RECEIVED
United Steelworkers of Ame Covina, CA 91724	erica, District 12			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$5,C	00.00
	on(s) Received FULL NAMI United Steelworkers of Am	962636 STATE CA STATE CA On(s) Received FULL NAME, MAILING ADDRESS AN (IF COMMITTEE, ALS) United Steelworkers of America, District 12	STATE ZIP CODE CA 90035 On(s) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) United Steelworkers of America, District 12	962636 Report No Amendment to Report No STATE ZIP CODE 90035 No. of Pages. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) United Steelworkers of America, District 12	STATE ZIP CODE CA 90035 No. of Pages 4	Report No	Page 3 of 4 Amendment to Report No. Page 3 of 4 Amendment to Report No. (explain below) No. of Pages 4 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) United Steelworkers of America, District 12 IND COM OTH OTH PTY

COM
PTY
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COM
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PTY
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SCC

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

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LATE CONTRIBUTION REPORT

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AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 962636 STREET ADDRESS CITY STATE ZIP CODE			Report No.	001			For Official Use Only	
		2 CODE	Amendment to Report No			Page 4 of 4		
CITY Los Angeles	CITY STATE ZIP CODE Los Angeles CA 90035)35	No. of Pages	4			
Late Contr	ibution(s) Made							
DATE MADE		NG ADDRESS AND ZIP CODE O			ATE AND OFFICE OR AND JURISDICTIO	DN	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: